205 UNITED WAY

FREDERIC 54837 Phone: (715) 327-4297		Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	50	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	50	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	40	Average Daily Census:	44

Services Provided to Non-Residents	- 1	Age, Sex, and Primary Diagn	osis of	Residents (12/31	/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	22. 5
Supp. Home Care-Personal Care	No					l 1 - 4 Years	<b>45.</b> 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	32. 5
Day Services	No	Mental Illness (Org./Psy)	<b>50.</b> 0	65 - 74	2. 5		
Respite Care	No	Mental Illness (Other)	2. 5	75 - 84	40.0		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	47. 5	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	10. 0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 0	İ	Í	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	2. 5	İ	100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	10. 0	65 & 0ver	100. 0		
Transportati on	No	Cerebrovascul ar	12. 5	<sup>-</sup>		RNs	17. 2
Referral Service	No	Di abetes	2. 5	Sex	%	LPNs	8. 6
Other Services	No	Respi ratory	2. 5		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	17. 5	Male	22. 5	Aides, & Orderlies	44. 0
Mentally Ill	No			Female	77. 5		
Provi de Day Programming for	i		100. 0				
Devel opmentally Disabled	No			****	100.0	· • • • • • • • • • • • • • • • • • • •	. 4 4 4 4 4 4 4 4 4

## Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	0	0.0	0	17	54.8	124	0	0.0	0	4	44. 4	144	0	0.0	0	0	0.0	0	21	<b>52.</b> 5
Intermediate				14	45. 2	102	0	0.0	0	5	<b>55. 6</b>	127	0	0.0	0	0	0.0	0	19	47. 5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		31	100.0		0	0.0		9	100.0		0	0.0		0	0.0		40	100.0

FREDERIC CARE CENTER

Admissions, Discharges, and Deaths During Reporting Period	1	Percent Distribution	of Residents'	Condi t	ions, Services, an	nd Activities as of 12/	31/01
beachs burning keporting rerrod	ı				% Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	42. 9	Daily Living (ADL)	Independent	0ne	Or Two Staff		Resi dents
Private Home/With Home Health	0.0	Bathi ng	<b>7</b> . 5		70. 0	22. 5	40
Other Nursing Homes	0.0	Dressi ng	35. 0		<b>45</b> . <b>0</b>	20. 0	40
Acute Care Hospitals	50.0	Transferring	37. 5		40. 0	22. 5	40
Psych. HospMR/DD Facilities	0.0	Toilet Use	42. 5		37. 5	20. 0	40
Reĥabilitation Hospitals	0.0	Eati ng	60. 0		20. 0	20. 0	40
Other Locations	7. 1	********	******	*****	*******	*********	*********
Total Number of Admissions	14	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	2.5	Receiving Resp	iratory Care	7. 5
Private Home/No Home Health	4.8	Occ/Freq. Incontinen		67. 5	Receiving Trac	heostomy Care	0. 0
Private Home/With Home Health	4.8	Occ/Freq. Incontinen	t of Bowel	37. 5	Receiving Suct	i oni ng Č	2. 5
Other Nursing Homes	14. 3	•			Receiving Osto		0. 0
Acute Care Hospitals	0.0	Mobility			Recei vi ng Tube	Feedi ng	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	7. 5	Receiving Mech	anically Altered Diets	35. 0
Rehabilitation Hospitals	0.0	]			e e	· ·	
Other Locations	0.0	Skin Care			Other Resident C	haracteri sti cs	
Deaths	76. 2	With Pressure Sores		7. 5	Have Advance D	i recti ves	72. 5
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	21	İ			Receiving Psyc	hoactive Drugs	47. 5

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

\* Ownershi p: Bed Size: Li censure: 50-99 Skilled Al l Thi s Propri etary Peer Group Facility Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 88.0 80.3 1. 10 85. 1 1.03 84. 4 1.04 84. 6 1.04 Current Residents from In-County 62. 5 72.7 0.86 72. 2 0.87 75. 4 0.83 77. 0 0.81 Admissions from In-County, Still Residing 42.9 18. 3 2.34 20.8 2.06 22. 1 1.94 20.8 2.06 31.8 Admissions/Average Daily Census 139.0 0.23 111.7 0.28 118. 1 0.27 128. 9 0.25 Discharges/Average Daily Census 47.7 139.3 0.34 112. 2 0.43 118. 3 130.0 0.37 0.40 Discharges To Private Residence/Average Daily Census 4.5 58. 4 0.08 42.8 0.11 46. 1 0.10 52.8 0.09 Residents Receiving Skilled Care 52. 5 91.2 0.58 91.3 0.57 91.6 0.57 85. 3 0.62 Residents Aged 65 and Older 100 96. 0 1.04 93.6 1.07 94. 2 87. 5 1. 14 1.06 Title 19 (Medicaid) Funded Residents 77.5 72. 1 1.07 67.0 1. 16 69.7 68. 7 1. 11 1. 13 Private Pay Funded Residents 22.5 0.96 21.2 22. 0 1. 02 18. 5 1. 21 23. 5 1.06 Developmentally Disabled Residents 0.0 1.0 0.9 0.00 0.8 0.00 7. 6 0.00 0.00 Mentally Ill Residents 52. 5 36. 3 1.45 41.0 1.28 39. 5 1.33 33. 8 1. 55 General Medical Service Residents 17. 5 16.8 1.04 16. 1 1. 09 16. 2 1.08 19. 4 0.90 49.3 Impaired ADL (Mean) 42.5 46.6 0.91 48. 7 0.87 48. 5 0.88 0.86 Psychological Problems 47. 5 47.8 0.99 50. 2 0.95 50.0 0.95 51. 9 0.92 Nursing Care Required (Mean) 7.0 7. 3 6. 6 7. 1 0.92 7. 3 0. 90 0. 93 0.89